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Bib Data Sheet

CONFIRMATION NO. 1592

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/586,765 | <b>FILING OR 371(c) DATE</b><br>07/20/2006<br><b>RULE</b> | <b>CLASS</b><br>546 | <b>GROUP ART UNIT</b><br>1625 | <b>ATTORNEY DOCKET NO.</b><br>21556YP |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US05/00770 01/14/2005 which claims benefit of 60/537,732 01/20/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/26/2007**

|  |   |                               |                            |                           |                                |
|--|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>[Signature]</u> Initials <u>SN</u> | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>0 | <b>TOTAL CLAIMS</b><br>35 | <b>INDEPENDENT CLAIMS</b><br>2 |
|--|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
210

**TITLE**  
2,6-Disubstituted piperidines as modulators

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1350 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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